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CONFIRMATION NO. 4240

SERIAL NUMBER 10/720,616	FILING OR 371(c) DATE 11/24/2003 RULE	CLASS 600	GROUP ART UNIT 3735	ATTORNEY DOCKET NO. 03-12495
APPLICANTS Vincent Ardizzone, Port Jefferson, NY; Thomas Bove, Spokane, WA;				
** CONTINUING DATA ***** This application is a CIP of 10/318,552 12/13/2002 ABN which is a CIP of 10/087,135 02/28/2002 PAT 6,648,812 which claims benefit of 60/272,384 02/28/2001 <i>SL</i>				
** FOREIGN APPLICATIONS *****				
IF REQUIRED, FOREIGN FILING LICENSE GRANTED** SMALL ENTITY ** ** 02/23/2004				
Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no 35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after met Verified and Acknowledged <i>Sara Testa</i> Allowance Examiner's Signature <i>SL</i> Initials		STATE OR COUNTRY NY	SHEETS DRAWING 4	TOTAL CLAIMS 37
INDEPENDENT CLAIMS 5				
ADDRESS 25189				
TITLE Magnetic foot therapeutic apparatus				
FILING FEE RECEIVED 624	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit	